



# Retirement Allowance Estimate Request

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240

This is not an application for retirement. This is a request for an estimate of potential future retirement benefit amounts that will assist you with your financial planning. See the back of this form for detailed instructions.

## Section 1

Provide the address you would like your estimated retirement allowance sent to.

## Information About You

Name of Member (First Name, Middle Initial, Last Name)		Social Security Number
Birth Date (mm/dd/yyyy)	Daytime Phone	Evening Phone
Address		
City	State	ZIP

## Section 2

Not all CalPERS members are eligible for industrial disability retirement. Contact your personnel office for eligibility information.

## Retirement Information

Type of estimate for your retirement allowance ☐ Service ☐ Disability ☐ Industrial Disability

Employer	Projected Retirement Date (mm/dd/yyyy)
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Are you a member of another retirement system that has established reciprocity with CalPERS? ☐ No ☐ Yes

Name of System	Estimate Final Compensation Amount
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## Final Compensation Period

Do you have any final compensation period higher than the last consecutive 12 or 36 months?

☐ No ☐ Yes, from Beginning Date (mm/dd/yyyy) to Ending Date (mm/dd/yyyy)

## Temporary Annuity - Complete the information below to request a Temporary Annuity estimate.

For an additional Temporary Annuity allowance, you elect to reduce your monthly allowance for life. ☐ No ☐ Yes

If you first became a member on January 1, 2002, or later, you elect to receive Temporary Annuity until age (62 to 70) in the amount of \$ Dollars per month.

..... or .....

If you first became a member prior to January 1, 2002, you elect to receive Temporary Annuity until age (59 1/2 or whole age 60 to 68) in the amount of \$ Dollars per month.

## Section 3

## Individual Lifetime Beneficiary (2, 2W, 3, 3W)

Name of Beneficiary	Relationship to You	Birth Date (mm/dd/yyyy)
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## Section 4

## Information About Your Survivor Continuance

Do you have an eligible survivor? ☐ No ☐ Yes

## Section 5

## Your Option 4 Retirement Options

<input type="checkbox"/> Option 2W & Option 1 combined	<input type="checkbox"/> Option 3W & Option 1 combined
<input type="checkbox"/> Specific Percentage to Beneficiary Percentage %	<input type="checkbox"/> Specific Dollar Amount to Beneficiary \$ Amount
<input type="checkbox"/> Reduced Allowance by Percentage or Dollar Amount through Date (mm/yyyy)	
<input type="checkbox"/> Multiple Lifetime Beneficiaries Birth Date (mm/dd/yyyy) Birth Date (mm/dd/yyyy) Birth Date (mm/dd/yyyy)	
<input type="checkbox"/> Reduced Allowance Upon Death of Member or Beneficiary \$ Reduction Amount	

## Mail to:

CalPERS Member Services Division • P.O. Box 942717, Sacramento, California 94229-2717

## Section 1

### Information About You

**Name:** Provide your first name, middle initial, and last name.

**Social Security Number:** Provide your Social Security Number.

**Birth Date:** Provide month, day, and complete year.

**Mailing Address:** Provide the mailing address where you want to receive your estimated retirement allowance.

**Telephone Number(s):** Provide us your home and/or work number in case we need to reach you.

## Section 2

### Information About Your Retirement Estimate

**Projected Retirement Date:** List your projected retirement date. The minimum retirement age for service retirement for most CalPERS members is age 50 with five years of CalPERS service credit. State members under the Second Tier retirement plan must be 55 years old with ten years of service credit. There are some exceptions to these requirements.

**Type of Estimate for Retirement Allowance:** Select the type of retirement estimate you wish to receive. Not all CalPERS members are eligible for an industrial disability retirement. Please contact your personnel office for information on eligibility.

**Other California Public Retirement Systems:** Reciprocity is an agreement CalPERS has with many California public retirement systems that allows movement among public employers within a specified time limit, without losing valuable retirement and related benefit rights. For additional information please refer to the *When You Change Retirement Systems* publication.

**Final Compensation Period:** Your final compensation is the highest average salary during any consecutive 12 or 36 month period. Which compensation period we use depends on your employer's contract with CalPERS. To calculate the final compensation, CalPERS takes your last day on payroll, and goes back 12 or 36 consecutive months. **Only** enter information for the final compensation period if you wish to specify a period of time other than the last 12 or 36 consecutive months before your estimated retirement date.

**Temporary Annuity** is an additional monthly income you may choose to augment your pension from CalPERS. If you take a disability retirement, a Temporary Annuity is not available. The benefit is payable from your retirement date to a specific age that you select. If your CalPERS membership date is prior to 01/01/2002, you may choose age 59½ or any whole age from 60-68. If your CalPERS membership date is on or after 01/01/2002, you may choose any whole age 62-70. You can also name the dollar amount you wish to receive (certain limitations apply, please refer to the Temporary Annuity publication). If your CalPERS membership date is on or after 01/01/2002 the amount of Temporary Annuity cannot exceed the amount expected from Social Security at the age specified, provided you made contributions to Social Security while employed with a CalPERS employer. It is important to note that this benefit is not free. Your CalPERS monthly lifetime retirement allowance is reduced to pay for your Temporary Annuity. For additional information, please refer to the *Temporary Annuity* publication.

## Section 3

### Individual Lifetime Beneficiary (2, 2W, 3, 3W)

**A beneficiary** is any person(s) you designate to receive a benefit after your death. If you would like to provide a lifetime monthly benefit to a beneficiary, we need their date of birth.

**Relationship to You:** A beneficiary can be a spouse, child, friend, etc.

**Beneficiary Birth Date:** Provide month, day, and complete year.

## Section 4

### Information About Your Survivor Continuance

Survivor Continuance is an employer-paid benefit payable to an eligible dependent upon your death. To have a dependent who is eligible for Survivor Continuance you must be married or have a domestic partner legally recognized in California on and at least one year prior to your tentative retirement date; have an unmarried child who is under age 18 or disabled; or have a parent dependent on you for at least ½ of their support.

## Section 5

### Your Retirement Options

CalPERS will provide you an estimate for the standard options (1, 2, 2W, 3, 3W). If none of these meets your needs, you may request one of the Option 4 allowances, as long as the amount to your beneficiary(ies) is not more than the benefit provided under Option 2W. For additional information please refer to the *Retirement Option 4* publication.